305 E. WALNUT STREET
P.O. BOX 23600
GREEN BAY, WI 54305-3600

DEPARTMENT OF ADMINISTRATION

PHONE (920) 448-6298 FAX (920) 448-4036 WEB: www.browncountywi.gov

CITIZEN CLAIMS

Citizens that desire to file a liability claim against Brown County for damages or injuries should call the Risk Manager. This includes American with Disabilities Act (ADA) and Civil Rights Complaints. Directions will be provided on how to file a claim in accordance with state statute.

Contact Information for Risk Manager:
Phone: 920-448-6298
Fax: 920-448-4036

Citizens wishing to voice a complaint about a County service should contact the specific department. Department contact information is available at www.co.brown.wi.us/departments.

LIABILITY CLAIM INFORMATION

Instructions for completing this form: Wisconsin Statute: 893.80(1) (a), 893.80(1) (b)

1. Claims for death or injury to person or real property must be filed no later than 120 days (4 months) after the occurrence.
2. Read the entire form before filing and fill out form completely.
3. This form must be signed and dated by the person filing the claim.
4. Attach separate sheets, if necessary, to provide full details. Each attachment must be signed.
5. **Return completed form to the Brown County Clerk's Office, 305 E. Walnut Street, P.O. Box 23600, Green Bay WI, 54305-3600. Your claim will be filed and tracked by the Brown County Risk Manager and forwarded to the County's liability insurance company. A representative from the County or the insurance company may contact you.**

Presentation of a false claim can be a felony under Wisconsin State Law

Name of Claimant: _____

Claimant's Address (Do Not use a P.O. Box):

Street Address: _____

City, State, Zip Code: _____

Telephone Number (H) _____ (W) _____ (C) _____

Date of Incident: Month _____ Day _____ Year _____

Time of Incident: _____ ☐ AM ☐ PM

LOCATION where damage or injury occurred: (describe fully and draw a diagram below or on a separate sheet. Indicate street names, addresses, measurements, landmarks, etc., if known):

_____
_____
_____
_____

FACTS regarding how the damage or injury occurred: Any other details that may describe the incident and the name of the County Department responsible:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

DAMAGE/INJURY – Describe in detail the nature and extent of all damage or injury being claimed:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

NOTE: If damage is to an automobile, the County requires two estimates to process the claim.

Was the accident investigated or reported to the Police/Sheriff? ☐ YES ☐ NO

If Yes, Please Answer: Name of Police/Sheriff Dept: _____

Incident Report No.: _____

Do you know of any witnesses to this accident? ☐ YES ☐ NO

If Yes, Please Provide the following information:

Witness Name: _____

Address: _____

Telephone #: _____

Total amount you are claiming: $_____
(Attach all bills associated with this claim)

_____ _____
Date Signature of Person Filing Claim